

ISSUE SLIP STAPLE AREA (for additional cross references)

PORTION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J. N. R.		12-19-01
O.I.P.E. CLASSIFIER			10-29-01
FORMALITY REVIEW	T.H.	953	11-15-01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
= ..... Allowed  
- (Through numeral)..... Canceled  
+ ..... Restricted  
N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet

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